

MD ALERT SIGN-OFF FORM

City of Green Bay

Wellness Incentive Requirements for Physical Exam

These requirements are the basis for a significant financial incentive for City of Green Bay employees.

Attention Physician: *Completing this form will help you avoid follow up phone calls or requests for additional services relative to these requirements.*

Attention Employee / Spouse: *Complete the requirements below and obtain Physician's signature and return this signed form to the Wellness Nurse at City Hall by November 15th.*

Requirements:

- Be registered as a patient with a Primary Care Physician (PCP), i.e., Obstetrician / Gynecologist, Internist, Family Practitioner, General Practitioner, etc., and
- Completion of a routine physical exam as provided for by established age and sex appropriate guidelines listed below. Note: employee / spouse must have attained the ages below by January 1st of the current year. If under these ages, then you don't need to do physical exam requirement.
- **Note to physician:** *Services rendered are at the discretion of the physician. If the guidelines below list procedures you don't deem medically appropriate for a patient, they may be omitted. If the guidelines below don't list all procedures you deem medically appropriate for a patient, you may perform additional services. Services rendered will be subject to health plan provisions.*

Females

- **Females between the ages of 40-49** need to have an annual pelvic/pap smear and a mammogram every other year.
- **Females age 50 and older** need to have an annual physical including: height/weight, blood pressure, complete skin exam, complete oral cavity exam, palpitation for thyroid nodules, auscultation for carotid bruits, total cholesterol, pelvic/pap smear, mammogram.
- **All pregnant females** are required to be under a physician's care.

Males

- **Males age 50 and older** need to have an annual physical including: height/weight, blood pressure, complete skin exam, complete oral cavity exam, palpitation for thyroid nodules, auscultation for carotid bruits, total cholesterol, rectal exam.

**** This form is completed for: ____EMPLOYEE ____SPOUSE (write employee name below) ****

Employee Name (Print): _____

Spouse Name (Print): _____

PCP Name: _____ Date of Physical Exam: _____

I certify that the above individual has completed these requirements in _____ (fill in current year)

Physician or MD office administrative staff name (Print): _____

Signed: _____ (MD or other MD office administrative staff)

Date signed: _____ MD phone number: _____

Return signed form when requirements are completed, but no later than November 15th to: The Wellness Nurse at City Hall, 100 N Jefferson St. Green Bay, WI 54301 fax: 920-448-3128 phone: 448-3101

Please keep a copy of the completed form for your records.